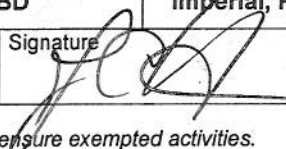



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 02 / 13 / 13		Name of Building Owner/Operator (2) St. Luke's - Warren Campus							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 185 Roseberry Street							
		City, State, Zip Code Phillipsburg, NJ 08865							
		Name of Contact Ted Ruhf	Telephone Number 						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Luke's Hospital - Warren Campus		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 185 Roseberrrt Street		Square Feet 150000	# of Floors 5						
City (5) Phillipsburg, NJ		Bldg. Age 60							
County (6) Warren	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 00021	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 28 N. Pennell Road		Street Address 550 East Union Street							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 129382							
Project Manager for Monitoring Firm Eric Housekenecht		Telephone No. (800) 969-6238	License No. 00508						
Start Date (10) 02 / 21 / 13	Scheduled Completion Date (11) 02 / 21 / 13	Name of OSHA Monitor AET							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-9PM/ PM-5AM		Street Address 28 N. Pennell Road							
		City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement - Hallyway Area 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	90 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basment - Hallway Area 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement - Storage Area 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 1	Name of Registered Landfill BFI Imperial					
City, State Hazleton, PA			Disposal Date TBD	City, State Imperial, PA					
Completed By (Print or Type) John Heemer	Title Estimator		Signature 			Date 2/13/13			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 01 / 31 / 13			Name of Building Owner/Operator (2) St. Luke's - Warren Campus						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 185 Roseberry Street City, State, Zip Code Phillipsburg, NJ 08865 Name of Contact Ted Ruhf					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Luke's Hospital - Warren Campus				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 185 Roseberbt Street									
City (5) Phillipsburg, NJ				Square Feet 150000	# of Floors 5				
				Bldg. Age 60					
County (6) Warren		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 00021		Name of Abatement Contractor (9) Alliance Environmental Systems					
Street Address 28 N. Pennell Road		Street Address 550 East Union Street							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 129382							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (800) 969-6238		License No. 00508					
Start Date (10) 02 / 14 / 13		Scheduled Completion Date (11) 02 / 14 / 13		Name of OSHA Monitor AET					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-9PM/ PM-5AM				Street Address 28 N. Pennell Road City, State, Zip Code Media, PA 19063					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement - Hallyway Area 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	90 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basment - Hallway Area 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement - Storage Area 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947		Cubic Yards of Waste 1	Name of Registered Landfill BFI Imperial				
City, State Hazeltion, PA		Disposal Date TBD		City, State Imperial, PA					
Completed By (Print or Type) John Heemer		Title Estimator		Signature 			Date 1/31/13		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/13/2012		Name of Building Owner/Operator (2) ONE EXCHANGE JC, LLC							
Agencies Notified	Type Notification	Street Address 1410 COMMON OAKS DRIVE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RALEIGH, NC 27614							
		Name of Contact Christopher Brenner							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HYATT BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 EXCHANGE PLACE		Square Feet	# of Floors 10						
City (5) JERSEY CITY		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL							
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION		ASCM No.	Name of Abatement Contractor (9) KIELCZEWSKI CORPORATION						
Street Address 20-21 WAGARAW RD		Street Address 235 WATCHUNG AVE							
City, State, Zip Code FAIRLAWN NJ 07410		City, State, Zip Code WEST ORANGE NJ 07052							
Project Manager for Monitoring Firm WILLIAM MORALES		Telephone No. 973-636-9145	Telephone No. 973-243-9872						
Start Date (10) 12/17/2012		Scheduled Completion Date (11) 02/28/2013	License No. 01171						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor SCHNEIDER LABORATORIES GLOBAL							
		Street Address 2512 W. CARY STREET							
		City, State, Zip Code RICHMOND VA 23220							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Building- Ban Vault			X	Floor Tiles and Mastic	240sf	X			
Bank Side- Basement			X	Floor Tile	100sf	X			
Basement across bank vault			X	Pipe Insulation	45lf	X			
1st Floor Hallway			X	Tile and Mastic	275sf	X			
Name of Registered Waste Hauler CIRCLE RUBBISH		NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste	Name of Registered Landfill TULLYTOWN RESOURCE FACILITY				
City, State LINDEN NJ				Disposal Date	City, State MORISVILLE PA				
Completed by SLAWOMIR KIELCZEWSKI		Title PRESIDENT		Signature <i>Kielczewski</i>		Date 02/14/2013			

* Do not use this form for asbestos licensure exempted activities.

Location – Main Building	Material	Approx. Quantity of ACM
Basement 3, Boiler Room – Boiler left of center “Betsy” boiler.	(Dark) (Light) Grey / black / brown interior boiler insulation, entire boiler.	1,900 Square Feet.
Basement 3, Boiler Room – On top of boiler left of center “Betsy” boiler.	Grey boiler insulation (cylindrical top on top of large left boiler).	
Basement 3, Boiler Room – Behind boiler left of center “Betsy” boiler.	White (top layer) and grey (bottom layer) duct insulation.	900 Square Feet (3” Thick).
Basement 3, Boiler Room – Center “Betsy” and boiler right of “Betsy”.	(Dark) (Light) Grey / black / brown interior boiler insulation, entire boiler.	3,800 Square Feet.
Basement 3, Boiler Room – On top of boiler left of center “Betsy” boiler.	Grey / brown boiler & wrap insulation (cylindrical top on top of middle “Betsy” & right boiler).	
Basement 3, Boiler Room – Behind center “Betsy” and boiler on right side.	White (top layer) and grey (bottom layer) duct insulation.	1,800 Square Feet (3” Thick).
Basement 3, Boiler Room – Above all boilers.	Grey / White Elbow Insulation.	40 Large / Small Elbows.
Basement 3, Boiler Room – Above all boilers.	Grey Pipe Wrap Insulation.	2,865 Linear Feet.
Basement 3, Boiler Room – Above all boilers.	White / Grey Ceiling Insulation.	2,400 Square Feet.
Basement 3, Boiler Room, next to entrance.	White hot-water-tank (cylinder) wrap insulation.	150 Square Feet.
Basement 3, Main Center Room w/ freight elevator.	White boiler insulation (small boiler).	180 Square Feet.
Basement 3, Main Center Room w/ freight elevator.	Green, Red & Grey/White Pipe Insulation & Elbow Insulation.	540 Linear Feet & 98 Elbows.
Basement 3, Room Right of Electrical Room.	White / Grey Pipe Insulation.	160 Linear Feet.
Sub-Basement, Telephone Equipment Room.	Grey Duct Insulation.	40 Square Feet.
Sub-Basement, Telephone Equipment Room.	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	415 Linear Feet & 50 Elbows.
Small Room, off of stairwell, left of Telephone Equipment Room.	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	65 Linear Feet & 7 Elbows.
Basement, Electrical Room, Room B1, Electrical Room.	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	60 Linear Feet & 10 Elbows.
Basement, Electrical Panel Room.	Off-White Pipe Insulation.	45 Linear Feet & 2 Elbows.
Basement, Electrical Panel Room.	Black Electrical Panels.	25 Square Feet.
Basement, Meter Room (water room).	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	80 Linear Feet & 12 Elbows.
Basement, Vent Room.	Grey Air-O-Cell Pipe Insulation (inside debris, inside vent itself) & ceiling.	300 Linear Feet & 65 Elbows.
Basement, Vent Room (exterior lining).	White duct vent lining (assume interior also).	400 – 500 Square Feet.
Upper Basement Hallway, small room.	Grey Duct Insulation.	112 Square Feet.

1 EXCHANGE PLACE, JERSEY CITY, NJ

CONTINUATION SHEET #1

2013 FEB 19 PM 2:33
93-2 WA 61 836107

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2013-36

Check # 5778

Date of Notification (1) 02/15/13		Name of Building Owner/Operator (2) Estate of Margaret Prisendorf	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 866 Prince Street	
		City, State, Zip Code Teaneck, NJ 07666	
		Name of Contact Eugene Baryla	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Estate of Margaret Prisendorf			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 866 Prince Street			Square Feet	# of Floors	Bldg. Age
City (5) Teaneck, NJ 07666	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 03/01/2013	Sched. Completion Date (11) 03/02/2013		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	210 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 03/02/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 02/15/2013

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2013-37

Check # 5777

2013 FEB 19 PM 2:08

Date of Notification (1)
10/21/11 5/11/13

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)
James Naughton

Street Address
78 Carmita Avenue

City, State, Zip Code
Rutherford, NJ 07071

Name of Contact
Steve/ServPro

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
James Naughton

Street Address
78 Carmita Avenue

City (5)
Rutherford, NJ 07071

County (6)
Bergen

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
residential

Name of Monitoring Firm Hired by Bldg. Owner (8)
N/A

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scheduled Start Date (10)
02/27/2013

Sched. Completion Date (11)
03/01/2013

Occupancy Status During Abatement (Check only one)
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe:
☐ Other-Describe:

Scope of Work (check all that apply)

☐ Demolition ☒ Renovation
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf

☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
living room, kitchen, dining room, 2 bedrms & hallways			X	VAT & mastic	785 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
10 yds

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
03/01/2013

City, State
Tullytown, PA

Date
02/15/2013

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Gordana Luna

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

F & G proj. #: 2013-35

Check # 5776

2013 FEB 19 PM 2:08

Date of Notification (1) <u>10/21/11 15/11 13</u>		Name of Building Owner/Operator (2) <u>Jonathan & Meredith Panik</u>	
Agencies Notified	Type Notification	Street Address <u>3 Somerset Avenue</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>Bernardsville, NJ 07924</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA		Name of Contact <u>Jonathan & Meredith Panik</u>	
		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Jonathan & Meredith Panik</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address <u>3 Somerset Avenue</u>			Square Feet	# of Floors
City (5) <u>Bernardsville, NJ 07924</u>			Bldg. Age	
County (6) <u>Somerset</u>		County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>	
Street Address		Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>(973)696-6869</u>	License Number <u>00378</u>
Scheduled Start Date (10) <u>02/25/2013</u>		Sched. Completion Date (11) <u>02/25/2013</u>		
Occupancy Status During Abatement (Check only one)				
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.				
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input type="checkbox"/> Other-Describe: _____				

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	110 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1 1/2 yds</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>	
City, State <u>Lincoln Park, NJ</u>		Disposal Date <u>02/26/2013</u>		City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>		Date <u>02/15/2013</u>

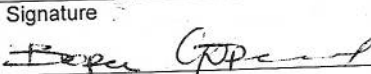
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 02/13/13		Name of Building Owner/Operator (2) MARKET HALSEY URBAN RENEWAL LLC							
Agencies Notified	Type Notification	Street Address 112 W. 34TH STREET STE 2106							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEW YORK NY 10120							
		Name of Contact BOB KLUG	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MARKET HALSEY BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 165 HALSEY STREET		Square Feet 30000 Per Fl.	# of Floors 16						
City (5) NEWARK		Bldg. Age 80							
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) OFFICE BUILDING							
Name of Monitoring Firm Hired by Building Owner (8) RK ENVIRONMENTAL INC		ASCM No. 0090	Name of Abatement Contractor (9) Bako Construction & Restoration Inc.						
Street Address 401 ST JAMES AVENUE		Street Address 265 Route 46 Suite 3D							
City, State, Zip Code PHILLIPSBURG NJ 08865		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm JON GILBERT		Telephone No. 908 454 6316	Telephone No. 973 256 7010						
License No. 00666									
Start Date (10) 02/22/13	Scheduled Completion Date (11) 02/24/13	Name of OSHA Monitor Bako Construction & Restoration Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: FRI: 5PM-12AM/SAT: 8AM-6PM/SUN: 8AM-1PM		Street Address 265 Route 46 Suite 3D							
		City, State, Zip Code Totowa NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
14th Floor Hallway		x		TSI	180 LF	x			
Name of Registered Waste Hauler Bako Construction & Restoration Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S Inc					
City, State Totowa NJ		Disposal Date 02/25/13		City, State Morrisville PA					
Completed by Goran Kojic		Title Project Manager		Signature <i>Goran Kojic</i>				Date 02/13/13	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 09 / 06 / 12		Name of Building Owner/Operator (2) U.S Army Engineer District						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 600 Dr. Martin Luther King Pl. (P.O. Box 59)						
		City, State, Zip Code Louisville, KY 40202						
		Name of Contact Patrick J. Duggins	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) FFR - Caven Point USARC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address Corner Caven Point Rd & Chapel Ave.		Square Feet 40,000	# of Floors 2					
City (5) Jersey City, NJ		Bldg. Age Unknown						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environmental		ASCM No. 00099	Name of Abatement Contractor (9) SMAC Corp.					
Street Address 619 River Drive Center 1 sor		Street Address 27 EAST 33RD STREET						
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code PATERSON NJ 07514						
Project Manager for Monitoring Firm Vijay Patel	Telephone No. 201-398-4544	Telephone No. 973-345-4055	License No. 01110					
Start Date (10) 09 / 17 / 12	Scheduled Completion Date (11) 11 / 2 / 12	Name of OSHA Monitor EMSL ANALYTICAL, INC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 SHELTON AVE						
		City, State, Zip Code PISCATAWAY NJ 08854						
Scope of Work (Check all that apply)								
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
See Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SMAC Corp		NJDEP Waste Hauler ID No. 18590	Cubic Yards of Waste 80 Yards	Name of Registered Landfill Grows Landfill				
City, State 27 E 33rd Street, Paterson, NJ - 07514		Disposal Date 11/02/2012		City, State Morrisville, PA				
Completed By (Print or Type) Borce Gjorsoski		Title President		Signature			Date	

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">2 / 12 / 13</div>		Name of Building Owner/Operator (2) U.S Army Engineer District						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 600 Dr. Martin Luther King Pl. (P.O. Box 59)					
			City, State, Zip Code Louisville, KY 40202					
			Name of Contact Patrick J. Duggins					
Telephone Number								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) FFR - Caven Point USARC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address Corner Caven Point Rd & Chapel Ave.		Square Feet 60,000	# of Floors 2					
City (5) Jersey City, NJ		Bldg. Age 1954						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environm. Services		ASCM No. 00099	Name of Abatement Contractor (9) SMAC Corp.					
Street Address 619 River Drive Center 1 sor		Street Address 27 EAST 33RD STREET						
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code PATERSON NJ 07514						
Project Manager for Monitoring Firm Vijay Patel	Telephone No. 201-398-4544	Telephone No. 973-345-4055	License No. 01110					
Start Date (10) <div style="text-align: center;">02 / 20 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">05 / 20 / 13</div>	Name of OSHA Monitor EMSL ANALYTICAL, INC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 1056 SHELTON AVE						
		City, State, Zip Code PISCATAWAY NJ 08854						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
See Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SMAC Corp		NJDEP Waste Hauler ID No. 18590	Cubic Yards of Waste 80 Yards	Name of Registered Landfill Grows Landfill				
City, State 27 E 33rd Street, Paterson, NJ - 07514			Disposal Date 05/20/2013	City, State Morrisville, PA				
Completed By (Print or Type) Borce Gjorsoski	Title President	Signature 			Date 02/12/2013			

Location of Asbestos-Containing Material(ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure Encapsulate

BUILDING 115

1	Throughout, associated with the heating systems			X	Pipe Fitting Insulation	95LF	X	X	X
2	Throughout			X	Floor Tile Mastic	6,000 SF	X	X	X
3	2nd Floor, Stairs (south)			X	Window Caulking	60 LF	X		

BUILDING 115A

1	Raised Cafeteria Corridor (2nd layer)			X	Floor Tile	3,690 SF	X	X	X
2	First Floor Classrooms and Hallway, Policy Academy Office (2nd layer)			X	Floor Tile	3,600SF	X	X	X
3	2nd Floor, Stair "D"			X	Floor Tile	56 SF	X	X	X
4	1st Floor stairs, rear, left			X	Floor Tile	56 SF	X	X	X
5	Raised Cafeteria Corridor (2nd layer)			X	Floor Tile Mastic	3,690 SF	X	X	X
6	First Floor Classrooms and Hallway, Policy Academy Office (2nd layer)			X	Floor Tile Mastic	3,600 SF	X	X	X
7	2nd Floor, open area			X	Floor Tile Mastic	10,800 SF	X	X	X
8	2nd floor offices			X	Floor Tile Mastic	2,100 SF	X	X	X

BUILDING 198

1	Above Offices			X	Pipe Insulation	310 LF	X	X	X
2	Boiler Room			X	Pipe Insulation	5 LF	X	X	X
3	Room 121B			X	Pipe Insulation	10 LF	X	X	X
4	Police Storage (South)			X	Pipe Insulation	2 LF	X	X	X
5	Roof			X	Core Flashing	480 SF	X		
6	Office Area (2nd layer)			X	Floor Tile	1,000 SF	X	X	X
7	Room 121B			X	Transite Panel	140 SF	X		

BUILDING 204

1	Open Area			X	Pipe and Fitting Insulation	550 LF	X	X	X
2	Above the ceiling in the south side corner office/ bathroom space			X	Pipe and Fitting Insulation	50 LF	X	X	X
3	Main Boiler Room			X	Pipe and Fitting Insulation	75 LF	X	X	X
4	Main Boiler Room			X	Breeching Insulation	40 SF	X	X	X
5	Corner Office, Wall			X	Joint Compound	420 SF	X	X	X
6	Arms Boiler Room			X	Vibration Damper Cloth	4 SF	X	X	X
7	Main Roof			X	Core Flashing	500 SF	X		
8	Bathroom Walls			X	Wall Panel	170 SF	X	X	X
9	Throughout			X	Wall Caulking	720 LF	X	X	X

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) February 13, 2013		Name of Building Owner/Operator (2) Chris Finocchiaro		Check # 5729	
Agencies Notified		Type Notification		Street Address 29 West Cohawkin Road	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Clarksboro, NJ 08020	
				Name of Contact Chris Finocchiaro	Telephone Number
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)	
Street Address 29 West Cohawkin Road				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Clarksboro				Square Feet 10,000	# of Floors 2
				Bldg. Age 70	
County (6) Gloucester		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Services Inc.		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address P.O. Box 341				Street Address 623 Cutler Ave.	
City, State, Zip Code Chesterfield, NJ 08515				City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842
Start Date (10) February 23, 2013		Scheduled Completion Date (11) February 25, 2013		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)				Street Address 107 Haddon Ave	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Westmont, New Jersey 08108	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement		XXX		Asbestos Containing Paper	50 SF
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill
City, State Mount Holly, New Jersey 08060		Disposal Date 2/25/2013		City, State Tullytown, PA.	
Completed by Christina Lynch		Title Office Manager		Signature <i>Christina Lynch</i>	Date February 13, 2013

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Emergency Notification

Check# 1574

Date of Notification (1) 02 / 13 / 13		Name of Building Owner/Operator (2) Jeffrey S. Kimmel		APPROVED NJ Dept. of Health & Senior Services (Signature) Date: 2/13/13 Time: 12:00 PM
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> OCA (NJAC 5:23-8)		Street Address 185 Nottingham Way		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Hillside, NJ 07205		
		Name of Contact Jeffrey S. Kimmel		
		Telephone Number		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 185 Nottingham Way		Square Feet	# of Floors
City (5) Hillside, NJ 07205		Bldg. Age	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 02 / 14 / 13	Scheduled Completion Date (11) 02 / 15 / 13	Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ > 160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Clean up and decontamination
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		HAZOP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc.	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N. Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 02/13/2013		



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
Check # 8090
2013 FEB 19 PM 2:08

Date of Notification (1) <u>2/13/13</u>		Name of Building Owner/Operator (2) <u>MR NEMETH</u>						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address <u>41 CADMUS AVE</u>		City, State, Zip Code <u>ELMWOOD PARK NJ 07407</u>						
Name of Contact <u>FRANK</u>		Telephone Number <u>[REDACTED]</u>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>NEMETH</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter s (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <u>41 CADMUS AVE</u>		Square Feet <u>1350</u>						
City (5) <u>ELMWOOD PARK</u>		# of Floors <u>1</u>						
County (6) <u>BERGEN</u>		Bldg. Age <u>54</u>						
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>RES / DEMO</u>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____						
Street Address		Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>						
City, State, Zip Code		Street Address <u>105 Lowell Road</u>						
Project Manager for Monitoring Firm		City, State, Zip Code <u>Glen Rock, N.J. 07452</u>						
Telephone No. _____		Telephone No. <u>201-262-5841</u>						
Start Date (10) <u>2/13/13</u>		License No. <u>00156</u>						
Scheduled Completion Date (11) <u>2/14/13</u>		Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe: _____		Street Address <u>280 Huyler Street</u>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <u>Hackensack, NJ 07606</u>						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>960 SF</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>OUTSIDE</u>			<u>X</u>	<u>(SHINGLE)</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>		Cubic Yards of Waste <u>2</u>		Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>		
City, State <u>Riverdale, New Jersey 07457</u>		Disposal Date <u>2/13/13</u>		City, State <u>Bethlehem, PA 18015</u>				
Completed by <u>R. McDonald</u>		Title <u>President</u>		Signature <u>[Signature]</u>		Date <u>2/13/13</u>		

APPROVED
NJ Dept. of Health & Senior Services
(Signature)
Date: 2/12/13 Time: 1:40

Fax:

Feb 12 2013 02:49pm P001/001
2012020321 P.2

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED Check # 8057
FEB 19 PM 2:08

Date of Notification (1) 2/12/13		Name of Building Owner/Operator (2) THE ESTATE OF MARIE T. McMAHON							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 61 W. SHORE AVE City, State, Zip Code DUMONT, NJ 07628							
		Name of Contact TIM McMAHON	Telephone Number 7						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) McMAHON		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 61 W. SHORE AVE		Square Feet 1450	# of Floors 2						
City (5) DUMONT		Blkg. Age 60							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RES.							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.						
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 2/12/13		Scheduled Completion Date (11) 2/13/13							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.							
		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥25 ft <input type="checkbox"/> ≥100 sf or ≥280 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Safely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASMENT			X	PIPE	5 LF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 5	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457		Disposal Date 2/12/13		City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature [Signature]		Date 2/12/13			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 7436

Date of Notification (1) February 12, 2013		Name of Building Owner / Operator (2) JP Morgan Chase & Co.	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	EMERGENCY <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	148 Market Street City, State & Zip Code Paterson, NJ 07505	
		Name of Contact	Telephone Number
		Randee Carcano	


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JP Morgan Chase Bank		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 148 Market Street		Square Feet 50,000	# of Floors 2 +
City (5) Paterson		Bldg. Age 71	
County (6) Passaic		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc.		ASCM No.	
Street Address 35 Columbia Road		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Branchburg, NJ 08876		Street Address 829 Radio Road	
Project Manager for Monitoring Firm William Mener		Telephone Number 908-526-1000	License Number 00817
Scheduled Start Date (10) February 13, 2013	Scheduled Completion Date (11) February 14, 2013	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	<i>Pipe Insulation</i>	30 LF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste <1	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date February 15, 2013		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 		Date February 12, 2013	

APPROVED: PAUL HORNER, NJDOH

Q # 2402

GI 13023

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

4301

Date of Notification (1) 2/12/2013		Name of Building Owner/Operator (2) P.S.E. & G							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 4000 HADLEY ROAD		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
Name of Contact GINO LEONARDIS		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1148 HENDRICKS CAUSEWAY		City (5) RIDGEFIELD							
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____	Square Feet 7900						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	# of Floors 2						
Street Address 64 BROAD STREET		Bldg. Age 66 YRS							
City, State, Zip Code MATAWAN, NJ 07747		Current Use (Prior if being demolished) SWITCH STATION							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Start Date (10) 3/1/13		Scheduled Completion Date (11) 3/7/13	Street Address 396 WHITEHEAD AVE.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied by necessary operators as needed</u>		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CONTROL ROOM		X		VAT & MASTIC	2698 SF	X			
OUTSIDE		X		ACM WINDOW & DOOR CAULK	250 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 50	Name of Registered Landfill GROWS					
City, State ELIZABETH, NJ		Disposal Date 3/7/13		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MANAGER		Signature <i>Carol Raimo</i>		Date 2/12/2013			

CK 004698

D&S Proj. #: MS 13-47

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
2013 FEB 19 PM 2:58
LIC 13-137

Date of Notification (1) 10/12/11		Name of Building Owner/Operator (2) MARY ANN DIMICHELE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 92 LIBERTY STREET		City, State, Zip Code BOLOOMFIELD, NJ	
Name of Contact MARY DIMICHELE		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MARY ANN DIMICHELE			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 92 LIBERTY STREET			Square Feet		
City (5) BOLOOMFIELD			County (6) ESSEX		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 01169
Start Date (10) 02/12/13			Sched. Completion Date (11) 02/26/13		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 01169
Start Date (10) 02/12/13			Sched. Completion Date (11) 02/26/13		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	104 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/13/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/11/13

D&S Proj. #: MS 13-47

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		Name of Building Owner/Operator (1)	
10/21/11 11:13		MARY ANN DIMICHELE	
Agencies Notified		Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	92 LIBERTY STREET	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOI	<input checked="" type="checkbox"/> Amendment #:	BOLOOMFIELD, NJ	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	MARY DIMICHELE	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3)			Type of Facility (4)		
MARY ANN DIMICHBLE			<input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address			Square Feet		
92 LIBERTY STREET			# of Floors		
City (5)			Bldg. Age		
BOLOOMFIELD					
County (6)		County Code (7) (State use only)			
ESSEX					
Current Use (Prior if being demolished)					

Name of Monitoring Firm hired by Bldg. Owner (S)		ASCM No.	Name of Abatement Contractor (S)	
Street Address			D & S RESTORATION, INC.	
City, State, Zip Code			Street Address	
			20 California Ave.	
Project Manager for Monitoring Firm		Phone Number	City, State, Zip Code	
			Paterson, NJ 07303	
Start Date (10)	Sched. Completion Date (11)	Telephone Number	License Number	
02/12/13	02/26/13	973-343-8020	01169	
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor		
<input type="checkbox"/> Facility closed/evacuated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____ <input checked="" type="checkbox"/> Other-Describe: 1 NORMAL HOURS		D & S Restoration, Inc.		
		Street Address		
		20 California Avenue		
		City, State, Zip Code		
		Paterson, NJ 07503		

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted ("r") and Non-Friable procedure								
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	Location of asbestos-containing material (acm) to be abated in facility (13)		Is location normally used solely by maintenance/custodial staff (12)	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Other	
Yes	No	N/A										
BASEMENT						PIPE INSULATION	104 LFT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Handler D & S RESTORATION, INC.		NJ DEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503		Disposal Date 02/13/13		City, State TULLYTOWN, PA
Completed by (Print or Type) BOGDAN IOLDZIC	Title PRESIDENT	Signature		Date 02/11/13

ASP-41

* Do not use this form for asbestos licensure exempted activities

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

D&S Proj. #: MS 13-48

Date of Notification (1) 02/12/13		Name of Building Owner/Operator (2) JENNI FISHBEIN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 7 DEVON DRIVE		City, State, Zip Code WEST ORANGE, NJ 07052	
Name of Contact JENNI FISHBEIN		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JENNI FISHBEIN			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 7 DEVON DRIVE			Square Feet		
City (5) WEST ORANGE			County (6) ESSEX		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		

Street Address 20 CALIFORNIA AVE.		City, State, Zip Code PATERSON, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	
Start Date (10) 02/22/13		Sched. Completion Date (11) 02/28/13	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			
Name of OSHA Monitor D & S Restoration, Inc.		License Number 01169	
Street Address 20 CALIFORNIA AVENUE		City, State, Zip Code PATERSON, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		DUCT INSULATION	40 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503		Disposal Date 02/25/13		City, State TULLYTOWN, PA
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature _____	
				Date 02/12/13

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2013-34

Check # 5774

Date of Notification (1) <u>01/21/12</u>		Name of Building Owner/Operator (2) Dale Caro	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 196 Jerome Place		City, State, Zip Code Bloomfield, NJ 07003	
Name of Contact Dale Caro		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Dale Caro			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 196 Jerome Place			Square Feet # of Floors Bldg. Age		
City (5) Bloomfield, NJ 07003	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 02/22/2013		Sched. Completion Date (11) 02/23/2013		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	90 lf	<input checked="" type="checkbox"/>			
basement			<input checked="" type="checkbox"/>	boiler insulation	35 sf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2 yds	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 02/25/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 02/12/2013

State of New Jersey
 INFORMATION OF ABSTAINMENT
 (Pursuant to NJAC 8:26 and 12:12b)

Check # 8088

Date of Notification (1) 2/11/13		Name of Building Owner/Operator (2) JOSEPH BINETTI		APPROVED NJ Dept of Health & Senior Services Paul C. Palmer (signature) Date: 2/11/13 Time: 12:13 PM	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 75 EAST MADISON AVE City, State, Zip Code DUMONT, N.J. 07628 Name of Contact JOSEPH BINETTI Telephone Number	
Name of Facility Where Abatement is Taking Place (3) BINETTI				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 331 WILLIAM ST City (5) NEW MILFORD County (6) BERGEN		County Code (7) (STATE USE ONLY)		Square Feet 1275 # of Floors 3 Bldg. Age +50 Current Use (Prior to being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8) Street Address		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc. Street Address 105 Lowell Road City, State, Zip Code Glen Rock, N.J. 07452 Telephone No. 201-282-5041 License No. 00158	
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc. Street Address 288 Huyler Street City, State, Zip Code Hackensack, NJ 07608			
Start Date (10) 2/12/13 Scheduled Completion Date (11) 3/12/13		Company Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sq ft or less <input type="checkbox"/> 2160 sq ft or more <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Micro-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Engineered (*) and Non-Fixable Procedures					
Location of Asbestos-Containing Material (ACM) ROSEBATED in Facility (12)		Is Location Normally Used Exclusively by Maintenance/Construction Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (e.g. thermal system insulation, surfacing, VET, or other miscellaneous)	
Basement				Amount (Specify SF or LP) 30 LF	
				Abatement Type <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulation <input type="checkbox"/> Enclosure	
Name of Registered Waste Handler Rubic Transport		NJ DEP Waste Handler ID No. 20785		Name of Registered Landfill RESI PA Bethlehem Landfill Corp. City, State Bethlehem, PA 18015	
City, State Riverside, New Jersey 07457		Disposal Date 2/12/13		Signature J. Voraline Date 2/11/13	
Completed by Joseph YOSATULO		Title C.O.O.			

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2013-33

EMERGENCY O&M CLEANUP

Check # 5772

Date of Notification (1) <u>01/21/13</u>		Name of Building Owner/Operator (2) <u>Rahway Public Schools</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial	
		<input type="checkbox"/> Amendment	
		<input type="checkbox"/> Cancellation	
Street Address <u>1138 Kline Place</u>		City, State, Zip Code <u>Rahway, NJ 07065</u>	
Name of Contact <u>Ray Candiloro</u>		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Rahway High School (NON-SUB 8)</u>			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>1012 Madison Avenue</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Rahway, NJ</u>	County (6) <u>Union</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>school-non subchapter 8</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>Birdsall Services Group</u>		ASCM No. <u>0017</u>	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address <u>65 Jackson Drive</u>		Street Address <u>105 Ryerson Road</u>			
City, State, Zip Code <u>Cranford, NJ 07016</u>		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>			
Project Manager for Monitoring Firm <u>Kevin Burns</u>		Phone Number <u>908-497-8900 x 6228</u>	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Scheduled Start Date (10) <u>02/13/2013</u>		Sched. Completion Date (11) <u>02/25/2013</u>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>7a.m-11:00 p.m.</u>					
Name of OSHA Monitor <u>B & G Restoration, Inc.</u>					
Street Address <u>105 Ryerson Road</u>					
City, State, Zip Code <u>Lincoln Park, NJ 07035</u>					

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> >160 sf or >260 lf | <input type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	e	m	o	v	e	R	e	p	a	i	E	n	c	a	p	E	n	c	l
	Yes	No	N/A																						
Auditorium, Box Office lobby		<input checked="" type="checkbox"/>		O & M Cleanup																					
Rear band storage,		<input checked="" type="checkbox"/>		acoustical ceiling plaster debris	10,000 sf																				
Hallway behind stage		<input checked="" type="checkbox"/>																							

Registered Waste Hauler <u>B & G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>5 yds</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>	
City, State <u>Lincoln Park, NJ</u>		Disposal Date <u>02/13-25/2013</u>		City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>			Date <u>02/12/2013</u>

B & G proj. #: 2013-33

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
EMERGENCY O&M CLEANUP

Check # 5772

Date of Notification (1) 02/12/13		Name of Building Owner/Operator (2) Rahway Public Schools		APPROVED NJ Dept. of Health & Senior Services Date: 2/12/13 Time: 10:00
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA		Street Address 1138 Kline Place		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Rahway, NJ 07065		
		Name of Contact Ray Candiloro		
Telephone Number				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Rahway High School (NON-SUB 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1012 Madison Avenue			Square Feet # of Floors Bldg. Age		
City (5) Rahway, NJ	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) school-non subchapter 8		
Name of Monitoring Firm Hired by Bldg. Owner (8) Birdsall Services Group		ASCM No. 0017	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 65 Jackson Drive			Street Address 105 Ryerson Road		
City, State, Zip Code Cranford, NJ 07016			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Burns		Phone Number 908-497-8900 x 6228	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 02/13/2013		Sched. Completion Date (11) 02/25/2013	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: 7a.m-11:00 p.m.			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encaps	Encl
	Yes	No	N/A						
Auditorium, Box Office lobby		X		O & M Cleanup					
Rear band storage,		X		acoustical ceiling plaster debris					
Hallway behind stage		X							

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5 yds	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 02/13-25/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 02/12/2013

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
EMERGENCY O&M CLEANUP

B & G proj. #: 2013-33

Check # 5772

Date of Notification (1) 02/11/13		Name of Building Owner/Operator (2) Rahway Public Schools	DOL - 10 DAY FEB 12 2013 WAIVER APPROVED
Agencies Notified	Type Notification	Street Address 1138 Kline Place	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Rahway, NJ 07065	
Name of Contact Ray Candiloro		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Rahway High School (NON-SUB 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1012 Madison Avenue			Square Feet # of Floors Bldg. Age		
City (5) Rahway, NJ	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) school-non subchapter 8		
Name of Monitoring Firm Hired by Bldg. Owner (8) Birdsall Services Group		ASCM No. 0017	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 65 Jackson Drive		Street Address 105 Ryerson Road			
City, State, Zip Code Cranford, NJ 07018		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Kevin Burns		Phone Number 908-497-8900 x 6228	Telephone Number (973)696-8869		License Number 00378
Scheduled Start Date (10) 02/13/2013		Sched. Completion Date (11) 02/25/2013		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____ <input checked="" type="checkbox"/> Other-Describe: 7a.m.-11:00 p.m.		Street Address 105 Ryerson Road		City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

- ☐ Demolition
☒ Renovation
☐ Full Containment w/ negative pressure
☐ Glovebag procedure
☒ >3 sf or >3 lf
☐ >160 sf or >260 lf
☐ Mini-enclosure
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	L i n e l
	Yes	No	N/A						
Auditorium, Box Office lobby		X		O & M Cleanup					
Rear band storage		X		acoustical ceiling plaster debris					
Hallway behind stage		X							

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5 yds	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 02/13-25/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 02/12/2013

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT Check #4943
(Pursuant to N.J.A.C. 8:60 and 12:120)

1301-4598

Date of Notification (1) 2/8/13		Name of Building Owner / Operator (2) Resorts International Casinos	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #3 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1133 Boardwalk	
		City, State & Zip Code Atlantic City, NJ 08401-7329	
		Name of Contact Wayne E. Dorrell	Telephone Number


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Resorts Hotel & Casino			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 1133 Boardwalk			Square Feet	# of Floors	Bldg. Age
City (5) Atlantic City	County (6) Atlantic	County Code (7)	Current Use (Prior if being demolished) Hotel & Casino		
Name of Monitoring Firm Hired by Building Owner (8) Synertech, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 2208 South Broad Street			Street Address PO Box 25		
City, State & Zip Code Philadelphia, PA 19145			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Andrew McMahon		Telephone Number 215-755-2305	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 1/22/13	Scheduled Completion Date (11) 3/8/13		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: Working 24 Hours (3 shifts) <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
38 Shafts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	210 LF per shaft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
263 Bathrooms Floors 7-11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	36 SF each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date TBD	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 		Date 2/8/13

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT Check #
(Pursuant to N.J.A.C. 8:60 and 12:120)

1212-4579

Date of Notification (1) 2/8/13		Name of Building Owner / Operator (2) Princeton University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address Trustees of Princeton University E.A. MacMillan Bldg.		
	City, State & Zip Code Princeton, NJ 08544		
	Name of Contact Robert Ortego, P.E.		Telephone Number

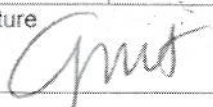
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address One Washington Road			Square Feet	# of Floors	Bldg. Age
City (5) Princeton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) University Library		
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address Bromley Corporate Center 3 Terri Lane, Suite 12		Street Address PO Box 25			
City, State & Zip Code Burlington, NJ 08016		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 609-265-2107		License Number 00529
Scheduled Start Date (10) 12/18/12		Scheduled Completion Date (11) 2/11/13		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

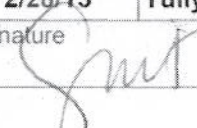
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Work Area #1- Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	4,650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1- Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe & Pipe Fitting Insulation	750 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1A- Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile, mastic & felt paper	885 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #2- Level B South Fan Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct seam caulk	1,400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 2/11/13	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 		Date 2/8/13

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1208-4536
CHECK #4945

Date of Notification (1) 2/8/13		Name of Building Owner / Operator (2) The College of New Jersey							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #4 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 7718 City, State & Zip Code Ewing, NJ 08628 Name of Contact Amanda Radosti							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The College of New Jersey		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2000 Pennington Road		Square Feet	# of Floors						
City (5) Ewing	County (6) Mercer	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Manhole							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 1253 North Church Street		Street Address 30 Maple Ave							
City, State & Zip Code Moorestown, NJ 08057		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Guilardi		Telephone Number 856-840-8800	License Number 00529						
Scheduled Start Date (10) 11/8/12	Scheduled Completion Date (11) 2/28/13	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Manholes #3 & #4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Trench	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	24 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 15	Name of Registered Landfill T.R.R.F. Landfill					
City, State Lumberton, NJ		Disposal Date 2/28/13		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 			Date 2/8/13			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)


Date of Notification (1) 2 / 14 / 13		Name of Building Owner/Operator (2) JC Penney Corporation Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6501 Legacy Drive	
		City, State, Zip Code PLano, TX 75024	
		Name of Contact Soy Thomas	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Monmouth Mall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address State Highway 35 & 36			
City (5) Eatontown		Square Feet 150000	# of Floors 2
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 75
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting LLC		ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc
Street Address 1600 Route 22 East		Street Address 47 Foster Road	
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island	
Project Manager for Monitoring Firm Tom Rubino		Telephone No. 908-956-1233	Telephone No. 718-605-6256
Start Date (10) 2 / 19 / 13		Scheduled Completion Date (11) 3 / 19 / 13	License No. 00774
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ 10:00PM-6:00AM		Name of OSHA Monitor Testor Tech	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
1ST Level Joe Fresh Depy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2ND Level Homes Street Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Express Waste Services LLC	NJDEP Waste Hauler ID No. NJ-804	Cubic Yards of Waste 80	Name of Registered Landfill Global Waste Industries, Inc.
City, State Newark NJ	Disposal Date 3/19/13	City, State Hackettstown, NJ	
Completed By (Print or Type) John Tardy	Title Senior Project Manager	Signature <i>[Signature]</i>	Date 2/14/13

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 2 / 14 / 13		Name of Building Owner/Operator (2) JC Penney Corporation Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6501 Legacy Drive City, State, Zip Code PLano, TX 75024 Name of Contact Soy Thomas Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ocean County Mall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1201 Hooper Avenue									
City (5) Toms River		Square Feet 150000	# of Floors 2 Bldg. Age 75						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting LLC		ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island							
Project Manager for Monitoring Firm Tom Rubino		Telephone No. 908-956-1233	Telephone No. 718-605-6256 License No. 00774						
Start Date (10) 2 / 25 / 13	Scheduled Completion Date (11) 3 / 25 / 13	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM 10:00 PM-6:00 AM		Street Address 10 59 Jackson Avenue City, State, Zip Code LIC, NY 11101							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 15,250SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Level Home Street Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Express Waste Services LLC		NJDEP Waste Hauler ID No. NJ-804	Cubic Yards of Waste 80	Name of Registered Landfill Global Waste Industries, Inc.					
City, State Newasrk NJ		Disposal Date 3/25/13		City, State Hackettstown, NJ					
Completed By (Print or Type) John Tardy		Title Senior Project Manager		Signature <i>John Tardy</i>		Date 2/14/13			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) February 14, 2013			Name of Building Owner/Operator (2) Jacobus Pharmaceutical Co.		
Agencies Notified		Type Notification	Street Address		
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	County Road 683 City, State, Zip Code Plainsboro Township, NJ		
			Name of Contact		Telephone Number
			Tom Santoli		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Jacobus Pharmaceutical Co.				Type of Facility (4)	
Street Address County Road 683				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Plainsboro Township, NJ				Square Feet	# of Floors
County (6) Middlesex				Bldg. Age	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Pharmaceutical			
Name of Monitoring Firm Hired by Building Owner (8) Sabre Health			Name of Abatement Contractor (9) The MACK Group, LLC		
Street Address 1015 Zucksville Road			Street Address 1500 Kings HWY N, STE 209		
City, State, Zip Code Easton, PA 18040			City, State, Zip Code Cherry Hill, NJ 08034		
Project Manager for Monitoring Firm Brent Altemose, CIH, CSP		Telephone No. 866.734.0127	Telephone No. (973) 759 - 5000		License No. 00781
Start Date (10) 2/23/13		Scheduled Completion Date (11) 2/23/14		Name of OSHA Monitor The MACK Group, LLC.	
Occupancy Status During Abatement (Check Only One)				Street Address 1500 Kings HWY N, STE 209	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Cherry Hill, NJ 08034	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Penthouse		<input checked="" type="checkbox"/>		8" pipe insulation	4lf
Corridor		<input checked="" type="checkbox"/>		4" pipe insulation	8lf
Name of Registered Waste Hauler Freehold / Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF	
City, State Freehold / Newark / Riverdale, NJ		Disposal Date 2/23/14		City, State Newburg / Imperial / Morrisville, PA	
Completed by Mike Cooper		Title President	Signature 		Date 2/14/13

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 1 / 23 / 13		Name of Building Owner/Operator (2) Rutgers University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4-2/15/13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086							
		City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Mike Smith	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 15 Washington Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 15 Washington Street									
City (5) Newark		Square Feet 200,000+	# of Floors 19						
County (6) Essex		Bldg. Age 60+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) University							
Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 2 / 15 / 13	Scheduled Completion Date (11) 5 / 31 / 13		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM / PM - AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1000 Cu Yds	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date 8/16/12		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title General Manager		Signature <i>Gino Pizzigoni</i>			Date 2/15/13		

Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	67,282 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Tile	8,230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	65,182 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	214 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	3,080 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	1,584 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Triple Layer Tile	3,184 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHU Cork Sealant	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Electrical Wire	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Door Refractory	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steam Drum Insulation	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Exchanger Insulation	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct/Boiler Insulation	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	1,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	26,864 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Shields	70 Ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">1 / 23 / 13</div>		Name of Building Owner/Operator (2) Rutgers University 2013 FEB 19 PM 2:08							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3-2/15/13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086							
		City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Mike Smith	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 15 Washington Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 15 Washington Street		Square Feet 200,000+	# of Floors 19						
City (5) New Brunswick		Bldg. Age 60+							
County (6) Essex	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) University						
Name of Monitoring Firm Hired by Building Owner (8) ATC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Kearney	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 2 / 15 / 13	Scheduled Completion Date (11) 5 / 31 / 13	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM/ PM- AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1000 Cu Yds	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date 8/16/12		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title General Manager		Signature <i>Gino Pizzigoni</i>			Date 2/15/13		

2013 FEB 19 PM 2:58

Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	67,282 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Tile	8,230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	65,182 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	214 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	3,080 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	1,584 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Triple Layer Tile	3,184 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHU Cork Sealant	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Electrical Wire	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Door Refractory	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steam Drum Insulation	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Exchanger Insulation	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct/Boiler Insulation	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	1,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	26,864 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Shields	70 Ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">1 / 23 / 13</div>		Name of Building Owner/Operator (2) Rutgers University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-2/7/13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086							
		City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Mike Smith	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 15 Washington Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 15 Washington Street									
City (5) New Brunswick		Square Feet 200,000+	# of Floors 19						
County (6) Essex		County Code (7)(STATE USE ONLY)	Bldg. Age 60+						
Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) ON HOLD	Scheduled Completion Date (11) 5 / 31 / 13	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM/ PM- AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1000 Cu Yds	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date 8/16/12		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title General Manager		Signature <i>Gino Pizzigoni</i>			Date 2/7/13		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:16)

Date of Notification (1) 1 / 23 / 13		Name of Building Owner/Operator (2) Rutgers University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-1/25/13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086							
		City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Mike Smith	Telephone Number 1						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 15 Washington Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 15 Washington Street									
City (5) New Brunswick		Square Feet 200,000+	# of Floors 19						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 60+						
Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 2 / 6 / 13	Scheduled Completion Date (11) 5 / 31 / 13	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM PM- AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1000 Cu Yds	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date 8/16/12		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title General Manager		Signature <i>Gino Pizzigoni</i>		Date 1/25/13			

Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	67,282 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Tile	8,230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	65,182 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	214 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	3,080 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	1,584 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Triple Layer Tile	3,184 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHU Cork Sealant	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Electrical Wire	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Door Refractory	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steam Drum Insulation	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Exchanger Insulation	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct/Boiler Insulation	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	1,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	26,864 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Shields	70 Ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2013 FEB 19 PM 2:08

Pg 1

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CRF 203463 19 PM 2:58

Date of Notification (1) <u>1</u> / <u>23</u> / <u>13</u>		Name of Building Owner/Operator (2) Rutgers University							
Agencies Notified <input checked="" type="checkbox"/> EPA 6352 <input checked="" type="checkbox"/> DOLWD 6338 <input checked="" type="checkbox"/> DHSS 6345 <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086							
		City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Mike Smith	Telephone Number 1						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 15 Washington Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 15 Washington Street									
City (5) New Brunswick		Square Feet 200,000+	# of Floors 19						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 60+						
Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) <u>2</u> / <u>6</u> / <u>13</u>	Scheduled Completion Date (11) <u>5</u> / <u>31</u> / <u>13</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-4:00PM</u> PM- AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1000 Cu Yds	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date 8/16/12		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title General Manager		Signature <i>Gino Pizzigoni / jl</i>		Date 1/23/13			

Rutgers - 15 Washington Street

Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	67,282 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Tile	8,230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	65,182 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	214 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	3,080 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	1,584 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Triple Layer Tile	3,184 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHU Cork Sealant	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Electrical Wire	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Door Refractory	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steam Drum Insulation	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Exchanger Insulation	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct/Boiler Insulation	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	1,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	26,864 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Shields	70 Ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2013 FEB 19 PM 2:08

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 1 / 23 / 13		Name of Building Owner/Operator (2) Rutgers University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-2/15/13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086							
		City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Mike Smith	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 15 Washington Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 15 Washington Street									
City (5) New Brunswick		Square Feet 200,000+	# of Floors 19						
County (6) Essex		Bldg. Age 60+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) University							
Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 2 / 15 / 13	Scheduled Completion Date (11) 5 / 31 / 13	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM PM-____AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1000 Cu Yds	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date 8/16/12		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title General Manager		Signature <i>Gino Pizzigoni</i>			Date 2/15/13		

Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	67,282 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Tile	8,230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	65,182 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	214 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	3,080 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	1,584 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Triple Layer Tile	3,184 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHU Cork Sealant	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Electrical Wire	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Door Refractory	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steam Drum Insulation	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Exchanger Insulation	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct/Boiler Insulation	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	1,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	26,864 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Shields	70 Ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2013 FEB 19 PM 2:08

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <u>1</u> / <u>23</u> / <u>13</u>		Name of Building Owner/Operator (2) <u>Rutgers University</u> <i>3 19 PM 2:58</i>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-2/7/13</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>#27 Road 1 Bldg 4086</u>							
		City, State, Zip Code <u>Piscataway, NJ 08854</u>							
		Name of Contact <u>Mike Smith</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>15 Washington Street</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <u>15 Washington Street</u>									
City (5) <u>New Brunswick</u>		Square Feet <u>200,000+</u>	# of Floors <u>19</u>						
		Bldg. Age <u>60+</u>							
County (6) <u>Essex</u>	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>University</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>ATC</u>		ASCM No. <u>00098</u>	Name of Abatement Contractor (9) <u>BRISTOL ENVIRONMENTAL, INC.</u>						
Street Address <u>3 Terri Lane</u>		Street Address <u>1123 BEAVER STREET</u>							
City, State, Zip Code <u>Burlington Township, NJ 08016</u>		City, State, Zip Code <u>BRISTOL, PA 19007</u>							
Project Manager for Monitoring Firm <u>Brian Kearney</u>	Telephone No. <u>609-386-8800</u>	Telephone No. <u>215-788-6040</u>	License No. <u>00509</u>						
Start Date (10) <u>ON HOLD</u>	Scheduled Completion Date (11) <u>5 / 31 / 13</u>		Name of OSHA Monitor <u>BRISTOL ENVIRONMENTAL, INC.</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-4:00PM</u> PM-___AM		Street Address <u>1123 BEAVER STREET</u>							
		City, State, Zip Code <u>BRISTOL, PA 19007</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <u>SERVICE TRANSPORT GROUP, INC.</u>		NJDEP Waste Hauler ID No. <u>20990</u>	Cubic Yards of Waste <u>1000 Cu Yds</u>	Name of Registered Landfill <u>MINERVA LANDFILL</u>					
City, State <u>NEW CASTLE, DE 19720</u>		Disposal Date <u>8/16/12</u>		City, State <u>WAYNESBURG, OH 44688</u>					
Completed By (Print or Type) <u>Gino Pizzigoni</u>		Title <u>General Manager</u>		Signature <i>Gino Pizzigoni</i>			Date <u>2/7/13</u>		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 1 / 23 / 13		Name of Building Owner/Operator (2) Rutgers University						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-1/25/13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086						
		City, State, Zip Code Piscataway, NJ 08854						
		Name of Contact Mike Smith	Telephone [REDACTED]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 15 Washington Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 15 Washington Street		Square Feet 200,000+	# of Floors 19					
City (5) New Brunswick		Bldg. Age 60+						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University						
Name of Monitoring Firm Hired by Building Owner (8) ATC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET						
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Brian Kearney	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509					
Start Date (10) 2 / 6 / 13	Scheduled Completion Date (11) 5 / 31 / 13	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM PM- AM		Street Address 1123 BEAVER STREET						
		City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1000 Cu Yds	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE 19720			Disposal Date 8/16/12	City, State WAYNESBURG, OH 44688				
Completed By (Print or Type) Gino Pizzigoni		Title General Manager	Signature <i>Gino Pizzigoni</i>		Date 1/25/13			

Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	67,282 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Tile	8,230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	65,182 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	214 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	3,080 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	1,584 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Triple Layer Tile	3,184 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHU Cork Sealant	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Electrical Wire	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Door Refractory	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steam Drum Insulation	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Exchanger Insulation	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct/Boiler Insulation	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	1,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	26,864 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Shields	70 Ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2013 FEB 19 PM 2:36
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 6-11-13

Pg 1

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CR# 2396

2013 FEB 19 PM 2:08

Date of Notification (1) 1 / 23 / 13		Name of Building Owner/Operator (2) Rutgers University						
Agencies Notified <input checked="" type="checkbox"/> EPA 6352 <input checked="" type="checkbox"/> DOLWD 6338 <input checked="" type="checkbox"/> DHSS 6345 <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086						
		City, State, Zip Code Piscataway, NJ 08854						
		Name of Contact Mike Smith	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 15 Washington Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 15 Washington Street								
City (5) New Brunswick		Square Feet 200,000+	# of Floors 19					
		Bldg. Age 60+						
County (6) Essex	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) University					
Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET						
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800	Telephone No. 215-788-6040					
		License No. 00509						
Start Date (10) 2 / 6 / 13	Scheduled Completion Date (11) 5 / 31 / 13		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM/ _____ PM- _____ AM		Street Address 1123 BEAVER STREET						
		City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1000 Cu Yds	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE 19720		Disposal Date 8/16/12		City, State WAYNESBURG, OH 44688				
Completed By (Print or Type) Gino Pizzigoni		Title General Manager		Signature Gino Pizzigoni /jl		Date 1/23/13		

